

## Appendix 3

### Wisconsin Medicaid Electronic Billing General Information

Wisconsin Medicaid has several electronic billing options available for providers to submit electronic claims. Software is available at no cost for all Wisconsin Medicaid-covered services except for pharmacy services.

This appendix contains general information about all electronic billing options, a Billing Options Record Format Request Form, and an Electronic Billing Software Request Form.

To receive more information on electronic billing options, complete the Billing Options Record Format Request Form in this appendix and return it to the Electronic Media Claims (EMC) Unit at the address listed at the bottom of the form.

To obtain the free software, complete the Electronic Billing Software Request Form in this appendix and the Electronic Media Agreement Form (Appendix 4 of this section), and return the completed forms to the EMC Unit at the address listed at the bottom of the forms.

For further information on electronic claims, providers may also contact the EMC Unit at (608) 221-4746. Ask to speak with an EMC coordinator.

### Electronic Methods for Submitting Medicaid Claims

- **Electronic Billing Software (Free software).** Software runs on an IBM-compatible computer. Please refer to “System Requirements for Free Electronic Billing Software” in this appendix for further information about the free electronic billing software. All software must create claims in the electronic record formats required by Wisconsin Medicaid.
- **3780 Protocol.** 3780 protocol is an IBM communication protocol that enables mini or mainframe computers to send claim data files to Wisconsin Medicaid in the record formats required by Medicaid.
- **Cartridge.** Providers with the capability to create their claim information on a 3480 or 3490E cartridge can submit those tapes to Wisconsin Medicaid in the record formats required by Medicaid.
- **Micro-ECS.** Micro-ECS allows providers to send their data files to Wisconsin Medicaid, in the record formats required by Medicaid, using the most basic telecommunication packages at a line speed up to 9600bps.
- **Reformatter.** Claims are printed to an ASCII data file on a personal computer and transmitted to Medicaid. Wisconsin Medicaid reformats the data into the required electronic record format and brings the claims into the Wisconsin Medicaid processing system.
- **Billing Service.** Providers can either purchase a billing system or contract with a billing service to submit their claims. Contact the EMC Unit for a list of billing services or software firms.

**Appendix 3  
(continued)**

**Billing Options Record Format Request Form**

For more information on any of the electronic billing options, please complete the following and return to the address listed below.

Please send information on:

☐

3780 Protocol

☐

Cartridge

☐

Micro-ECS

☐

Reformatter

☐

List of Approved Billing Services and Software Firms

Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

1. Please list the types of services for which you will be billing (i.e., dental, physician, hospital, home health, nursing home crossover, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you currently bill Wisconsin Medicaid using the (circle one):

HCFA 1500 claim form

UB-92 claim form

Dental claim form

3. How do you currently bill Wisconsin Medicaid?

Paper submission

Electronically

**Return completed form to:**

**Wisconsin Medicaid  
EMC Unit  
6406 Bridge Road  
Madison, WI 53784-0009**

## Appendix 3 (continued)

### System Requirements for Free Electronic Billing Software

The following requirements are for the free electronic billing software that is available at no cost to providers. If you are interested in receiving the free software, please complete the Electronic Billing Software Request Form in this appendix and return it to Wisconsin Medicaid.

#### Hard Drive Requirements

- 100 MB of available hard drive space.

Suggested guidelines for hard drive storage		
Number of claims processed per month	Length of storage for data on hard drive	Minimum amount of disk space
500	4 months	40 MB
1000	4 months	80 MB
2000	4 months	160 MB
3000	4 months	240 MB

Note: The software application requires 6.5 MB of hard drive space.

#### Software requirements

- Windows 95, Windows 98, or Windows NT 4.X workstation.

#### Communications requirements

- 14.4 K or higher Windows-ready modem.

#### Support services

##### *Software support*

Providers who use PACE (for providers who bill using the UB-92 claim) or EZ-Link (providers who bill using the HCFA 1500 claim) can telephone (800) 822-8050 for questions about:

- Software installation.
- Troubleshooting.
- Transmissions.

#### Billing support

Providers who have questions about policy issues, claim denials, or related issues should contact Provider Services at (800) 947-9627 or (608) 221-9883.

**Appendix 3  
(continued)**

**Wisconsin Medicaid Electronic Billing Software Request Form**

Wisconsin Medicaid has electronic billing software available at no cost for providers. Please complete this form and return it to the address listed below to obtain your copy of the software.

For more information about system requirements for the free electronic billing software, please refer to "System Requirements for Free Electronic Billing Software" in this appendix.

Please provide the following information:

Name: \_\_\_\_\_ Medicaid Provider No.: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

\_\_\_\_\_ Contact Person: \_\_\_\_\_

1. Please list the specifications of your in-house computer system:

Brand (i.e., IBM, Compaq, etc.):	CD-ROM Drive: <input type="checkbox"/> Yes <input type="checkbox"/> No
Model (i.e., Armada, 3070, etc.):	Printer Brand (i.e., HP, Epson, etc.):
Harddrive (i.e., 100 MB):	Printer Type (i.e., LaserJet, Dot Matrix, etc.):
RAM (i.e., 34 MB):	Workstation: <input type="checkbox"/> Stand-alone <input type="checkbox"/> Network
Modem (i.e., 14.4 K):	Type of Network (i.e., Novell, NT, etc.):
Operating System (i.e., Windows 95, etc.):	

2. Please list the types of services for which you will be billing (i.e., dental, physician, hospital, home health, nursing home crossover, etc.): \_\_\_\_\_

3. Do you currently bill Wisconsin Medicaid using the (circle one):

HCFA 1500 claim form

UB-92 claim form

Dental claim form

4. Please select the type of media you would like to receive for your electronic claims software:

CD-ROM

3½" diskettes

5. How do you currently bill Wisconsin Medicaid?

Paper submission

Electronically

**Return the completed form to:**

**Wisconsin Medicaid  
EMC Unit  
6406 Bridge Road  
Madison, WI 53784-0009**